

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57023245  
State File No.

FILED JUN 18 1957

BIRTH NO.		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 52			
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Liberty)					
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				d. STREET ADDRESS (If rural, give location) R.F.D. #3, Dexter					
3. NAME OF DECEASED (Type or Print) Florence		a. (First)		b. (Middle) Bowering		c. (Last)			
4. DATE OF DEATH June 14, 1957		5. SEX Female		6. COLOR OR RACE Cauc.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Feb 15, 1902		9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Days 3		11. UNDER 1 YEAR Hours 29			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Charleston, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME William E. Owens		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE J. A. Bowering					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME J. A. Bowering, Dexter, Mo. R. 3					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ovarian Cancer</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION  175X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from April 15, 1957, to June 14, 1957, that I last saw the deceased alive on June 14, 1957, and that death occurred at 11:30 P. from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William F. Turner MD</u>				23b. ADDRESS <u>Stoddard St. Dexter, Mo.</u>		23c. DATE SIGNED <u>6/15/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-16-57		24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) Clarkton, Missouri			
DATE REC'D BY LOCAL REG. 6/16/57		REGISTRAR'S SIGNATURE <u>Delmar V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 24 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4923

P. O. Address Pepper, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.